



PARENT/GUARDIAN/SUPERVISING ADULT (e.g. teacher or social worker)

FOR YOUTH AGES 14-18

Please Read Carefully

Youth's Legal First & Last Name:

Youth's Preferred Name: ()

Program:

Dates: _____, 20____ to _____, 20____ or as
otherwise rescheduled or extended by EYA

EYA staff will make every reasonable effort to establish that:

- a) Youth are adequately supervised.
- b) The location where the activity will take place is appropriate for the recreational and educational activities planned.
- c) Any equipment or tools made available or used in the activities have been inspected and are appropriate, safe and well maintained.

Potential HAZARDS may include, but are not limited to:

Accidents which happen during transportation to and from the locations of EYA Activities; falls, trips and slips; changes in weather, like high heat in the summer months; encounters with domestic or wild animals; animal bites; bug stings and bites including from bees and ticks; allergic reactions to animals, bugs or plants; hidden or exposed objects on the ground or in the soil including used drug paraphernalia, needles and condoms, rocks and roots; cuts or scrapes from thorns, sticks, rocks and other plants; exposure to pathogens, including bacteria, viruses or other microorganisms, that can cause diseases including but not limited to tetanus, coronavirus diseases including COVID-19 and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and other infectious diseases; injuries from lifting or carrying materials, equipment or tools like plants, wooden boards and soil; inadequate, inappropriate, improperly prepared or adjusted equipment or tools; improper use of tools or equipment; loss or damage to your belongings; failure to act safely or within one's ability; impact or collision with other people or objects; an individual's own actions or those of others; and encounters with drug users and others in the area who may have mental health issues or be violent.

Medical assistance, aside from first aid, MAY NOT be immediately available

B. Parent / Guardian / Supervising Adult (e.g. teacher or social worker)

Acknowledgement

1. *[For Parents / Guardians only]* I acknowledge that in the event that the Youth fails to abide by the rules imposed on the participants while participating in the activities, EYA may either require that they not participate in the programming or volunteering activity, or that I will be contacted to have them picked up, unless I have permitted them to pursue alternate means of transportation, as appropriate.
2. *[For Parents / Guardians only]* I acknowledge and consent that EYA staff may secure such medical advice and services as they, in their sole discretion, may deem necessary for the Youth's health and safety and that I may be financially responsible for such advice and services.
3. I understand that there is no provision for specific accidental death, dismemberment, disability or medical expense insurance for the Youth and will make any arrangements I determine necessary in this regard.
4. I am satisfied that I have been informed of my right to obtain as much information about EYA programming and volunteering activities as I feel necessary and am not, in any way, relying solely upon the information provided by this form or EYA staff respecting the nature and extent of the risks, dangers, hazards and consequences associated with the EYA programming or volunteering activities.
5. I have considered the risks, dangers, hazards and consequences inherent in the EYA programming or volunteering activities as well as the Youth's behavioural characteristics, health and abilities. Taking it all into consideration, and based on my understanding, acknowledgements, and consents above, the Youth has my permission to participate in the EYA programming or activities.
6. I have, to the best of my ability, informed the Youth of the foregoing and discussed the risks, dangers, hazards and consequences of injury inherent in the EYA programming or volunteering activities with them and I am confident they understand.

Name: _____
Parent/Guardian/Supervising
Adult (Please print)

Signature: _____

Parents/Guardians: EYA is a registered charity that relies on the generosity of community supporters and donors to deliver programs that are free and accessible to all youth. Sign up below to receive updates on our programs and learn more about making a donation. You can unsubscribe anytime.

Parent/Guardian Email (please print clearly) :
